

Block 5

11/7/80



Please print or type with ELITE type (12 characters/line) in the unshaded areas only.

Form Approved OMB No. 158-S79016
GSA No. 0246-EPA-OT



U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

I. NAME OF INSTALLATION

PERMABOND INTERNATIONAL CORPORATION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 PO BOX 6500 10 FINDERNE AVENUE

CITY OR TOWN

ST. ZIP CODE

4 BRIDGEWATER NJ 08807

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 10 FINDERNE AVENUE

CITY OR TOWN

6 BRIDGEWATER NJ 08807

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

2 GIACOBELLO BJ TECHNICAL MGR.

PHONE NO. (area code & no.)

201-685-5050

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 PERMABOND INTERNATIONAL CORPORATION

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

M

☒ A. GENERATION

☐ B. TRANSPORTATION (complete item VII)

☒ C. TREAT/STORE/DISPOSE

☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR

☐ B. RAIL

☐ C. HIGHWAY

☐ D. WATER

☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION

☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY															
S	W	N	J	D	O	9	4	2	4	4	7	1	2	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U 0 0 2	U 2 0 2				
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
U 0 5 6	U 2 2 0				
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
U 1 2 2	U 2 2 6				
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

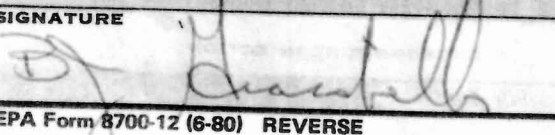
49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

<input type="checkbox"/> 1. IGNITABLE (D001)	<input type="checkbox"/> 2. CORROSIVE (D002)	<input checked="" type="checkbox"/> 3. REACTIVE (D003)	<input type="checkbox"/> 4. TOXIC (D000)
--	--	--	--

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) B. J. Giacobello Technical Manager	DATE SIGNED 8-11-80
---	--	------------------------



(This space is reserved for date type, i.e., 12 characters/inch).

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER NJ D09424471230	
LABEL ITEMS		NAME: PRESS HARD WHEN FILLING IN NAME & ADDRESS. Permabond International Corporation STREET ADDRESS: 10 Finderne Avenue CITY, STATE, & ZIP CODE: Bridgewater, N. J. 08807		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, correct through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all other items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
II. POLLUTANT CHARACTERISTICS					
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.					
SPECIFIC QUESTIONS		MARK 'X'		SPECIFIC QUESTIONS	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		YES NO FORM ATTACHED		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	
		15 17 18			
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		22 23 24		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	
		25 26 27			
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		28 29 30		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	
		31 32 33			
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		34 35 36		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	
		37 38 39			
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		40 41 42		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	
		43 44 45			
III. NAME OF FACILITY					
1 SKIP PERMABOND INTERNATIONAL CORPORATION					
IV. FACILITY CONTACT					
A. NAME & TITLE (last, first, & title)			B. PHONE (area code & no.)		
2 GIACOBEDLO, B. J. TECHNICAL MGR.			201 685 5050		
V. FACILITY MAILING ADDRESS					
A. STREET OR P.O. BOX					
3 10 FINDERNE AVENUE					
B. CITY OR TOWN			C. STATE		D. ZIP CODE
4 BRIDGEWATER			NJ		08807
VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
5 10 FINDERNE AVENUE					
B. COUNTY NAME					
SOMERSET					
C. CITY OR TOWN			D. STATE		E. ZIP CODE
6 BRIDGEWATER			NJ		08807
F. COUNTY CODE (if known)					

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND										
7	2	8	9	1	(specify)						7	(specify)								
ADHESIVES AND SEALANTS																				
C. THIRD										D. FOURTH										
7	(specify)									7	(specify)									

VIII. OPERATOR INFORMATION

A. NAME																																																		B. Is the name listed in Item VIII-A also the owner?																			
PERMABOND INTERNATIONAL CORPORATION																																																		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																			
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																																								D. PHONE (area code & no.)																													
F = FEDERAL										M = PUBLIC (other than federal or state)										P = PRIVATE										O = OTHER (specify)										(specify)										(specify)																			
E. STREET OR P.O. BOX																																																																					
480 SOUTH DEAN STREET																																																																					
F. CITY OR TOWN																																								G. STATE										H. ZIP CODE										IX. INDIAN LAND									
BENGLEWOOD																																								NJ										07631										Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)																														D. PSD (Air Emissions from Proposed Sources)																													
9 N																														9 P																													
B. UIC (Underground Injection of Fluids)																														E. OTHER (specify)																													
9 U																														(specify)																													
C. RCRA (Hazardous Wastes)																														E. OTHER (specify)																													
9 R																														(specify)																													

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

MANUFACTURER OF ADHESIVES AND SEALANTS

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
Allan H. Bergman Vice President-General Manager				11/14/80	
COMMENTS FOR OFFICIAL USE ONLY					

DATE RETURNED _____
REASON _____

☐ ACKNOWLEDGEMENT SENT

Complete

INTERNAL CHECKLIST

ID # NJD094244712

1. Interim Regulatory Requirements

A. (1) FORM 1 MISSING ☐

(2) FORM 3 MISSING ☐

B. POSTMARK after NOVEMBER 19, 1980

☐ Valid ☐

C. (1) DATE of OPERATION MISSING ☐

(2) DATE of OPERATION after NOVEMBER 19, 1980 ☐

(1) NON-ACQUAINTANCE
D. (2) NOTIFIED after AUGUST 18, 1980

☐ Valid ☐

E. (1) FORM 1, VIII B SIGNATURE MISSING ☐

(2) FORM 3, IX B SIGNATURE MISSING ☐

2. { A. HANDLER ☐
B. NONREGULATED ☐
C. UNSURE ☐

D. UNKNOWN FACILITY
(missing name and address on Form 3) ☐

E. NEW FACILITY > NOV. 19, 1980 ☐

F. CORE ITEM(S) MISSING ☐

G. NON-CORE ITEM(S) MISSING ☐

H. OTHER ☐

MISSING :

MAP ☐

DRAWING ☐

PHOTO ☐

AOK.

FOR OFFICIAL USE ONLY

APPLICATION APPROVED

DATE RECEIVED (yr., mo., & day)

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

Yr. MO. DAY

8 7 8 0 7 0 1

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

Yr. MO. DAY

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			

UNIT OF MEASURE

UNIT OF MEASURE CODE

GALLONS.....G

LITERS.....L

CUBIC YARDS.....Y

CUBIC METERS.....C

GALLONS PER DAY.....U

UNIT OF MEASURE

UNIT OF MEASURE CODE

LITERS PER DAY.....V

TONS PER HOUR.....D

METRIC TONS PER HOUR.....W

GALLONS PER HOUR.....E

LITERS PER HOUR.....H

UNIT OF MEASURE

UNIT OF MEASURE CODE

ACRE-FEET.....A

HECTARE-METER.....F

ACRES.....B

HECTARES.....Q

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S

C

DUP

1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)			1. AMOUNT	2. UNIT OF MEASURE (enter code)
X-1	S 0 2	600	G	5			
X-2	T 0 3	20	E	6			
1	S 0 1	7500 000	G	7			
2				8			
3				9			
4				10			

EPA Form 3510-3 (6-80)

PAGE 1 OF 5

CONTINUE ON REVERSE

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T01"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:
- For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
- For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.
- Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).
2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

WASTE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMS No. 158-584004

A I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY									
W A J D O 9 4 2 4 4 7 1 2 3 1										W DUP 3 2 DUP									
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																			
W Z O J Z	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)	D. PROCESSES									
										1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))					
1	U	0	0	2	10,000 000				P	S	0	1							
2	U	0	5	6	7,500 000				P	S	0	1							
3	U	1	2	2	1,000 000				P	S	0	1							
4	U	2	0	2	1000				P	S	0	1							
5	U	2	2	0	2,000 000				P	S	0	1							
6	U	2	2	6	500 000				P	S	0	1							
7	D	0	0	3	125,000 000				P	S	0	1							
8																			
9																			
10																			
11																			
12																			
13																			
14																			
15																			
16																			
17																			
18																			
19																			
20																			
21																			
22																			
23																			
24																			
25																			
26																			

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)
E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)											
1	2	3	4	5	6	7	8	9	10	11	12
NJDO9424471236											T/A/C

A
F6: 55

A
F6: 56

V. FACILITY DRAWING
All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS
All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION											
LATITUDE (degrees, minutes, & seconds)						LONGITUDE (degrees, minutes, & seconds)					
4 0 3 3 2 2 0						0 7 4 3 4 4 3 0					

VIII. FACILITY OWNER
☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.
B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

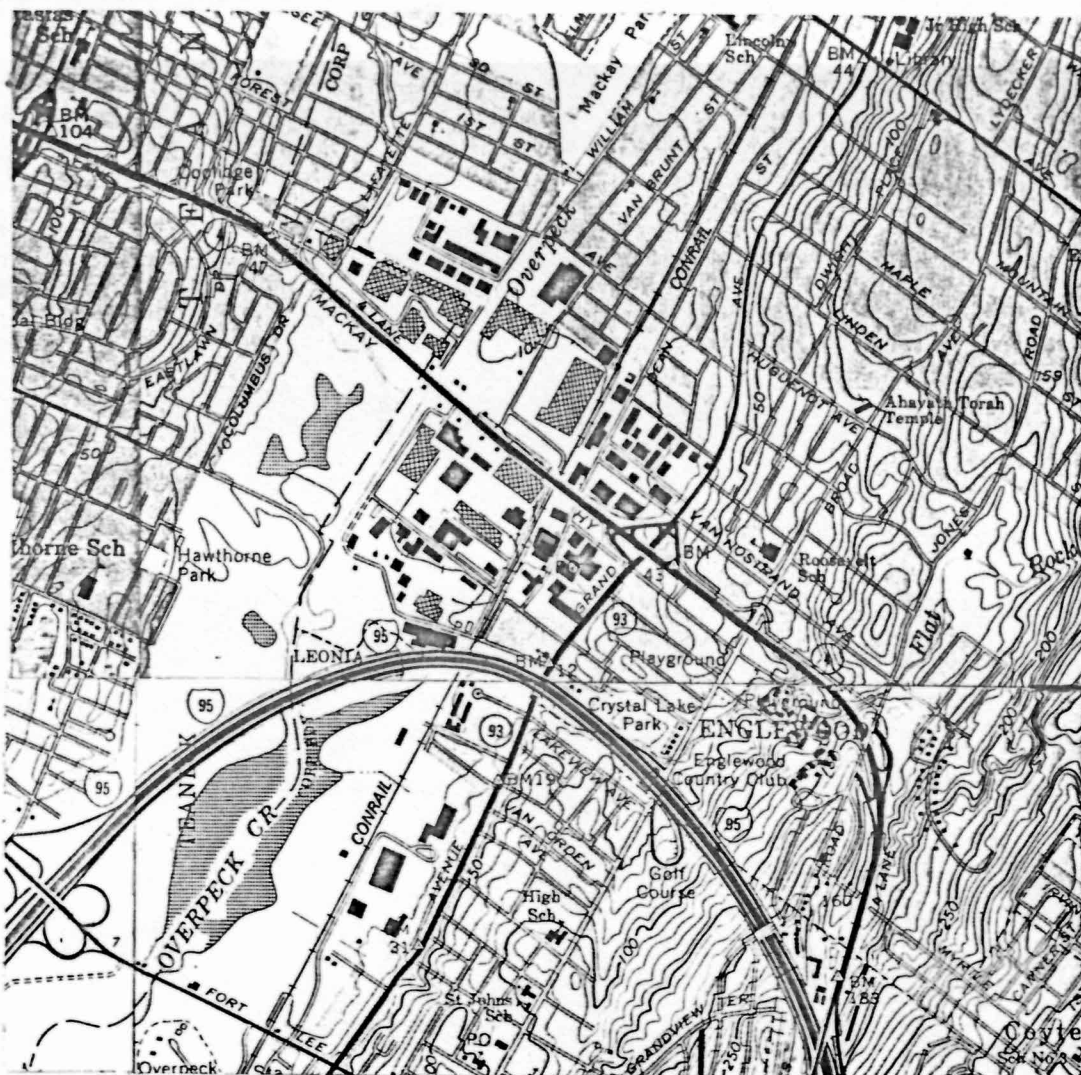
1. NAME OF FACILITY'S LEGAL OWNER												2. PHONE NO. (area code & no.)																																			
3. STREET OR P.O. BOX												4. CITY OR TOWN												5. ST.												6. ZIP CODE											

IX. OWNER CERTIFICATION
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type) Allan H. Bergman Vice President-General Manager	B. SIGNATURE 	C. DATE SIGNED 11/14/80
---	------------------	----------------------------

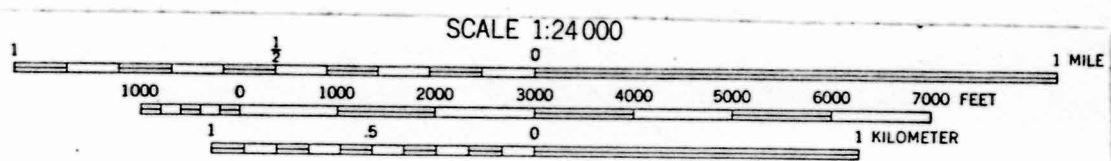
X. OPERATOR CERTIFICATION
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
-------------------------	--------------	----------------

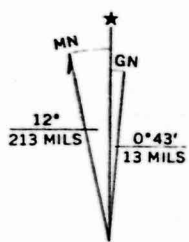


40°52'30"

73°58'45"



CONTOUR INTERVAL 10 FEET
 NATIONAL GEODETIC VERTICAL DATUM OF 1929
 DEPTH CURVES AND SOUNDINGS IN FEET—DATUM IS MEAN LOW WATER
 THE RELATIONSHIP BETWEEN THE TWO DATUMS IS VARIABLE
 SHORELINE SHOWN REPRESENTS THE APPROXIMATE LINE OF MEAN HIGH WATER
 MEAN RANGE OF TIDE IS APPROXIMATELY 3.7 FEET



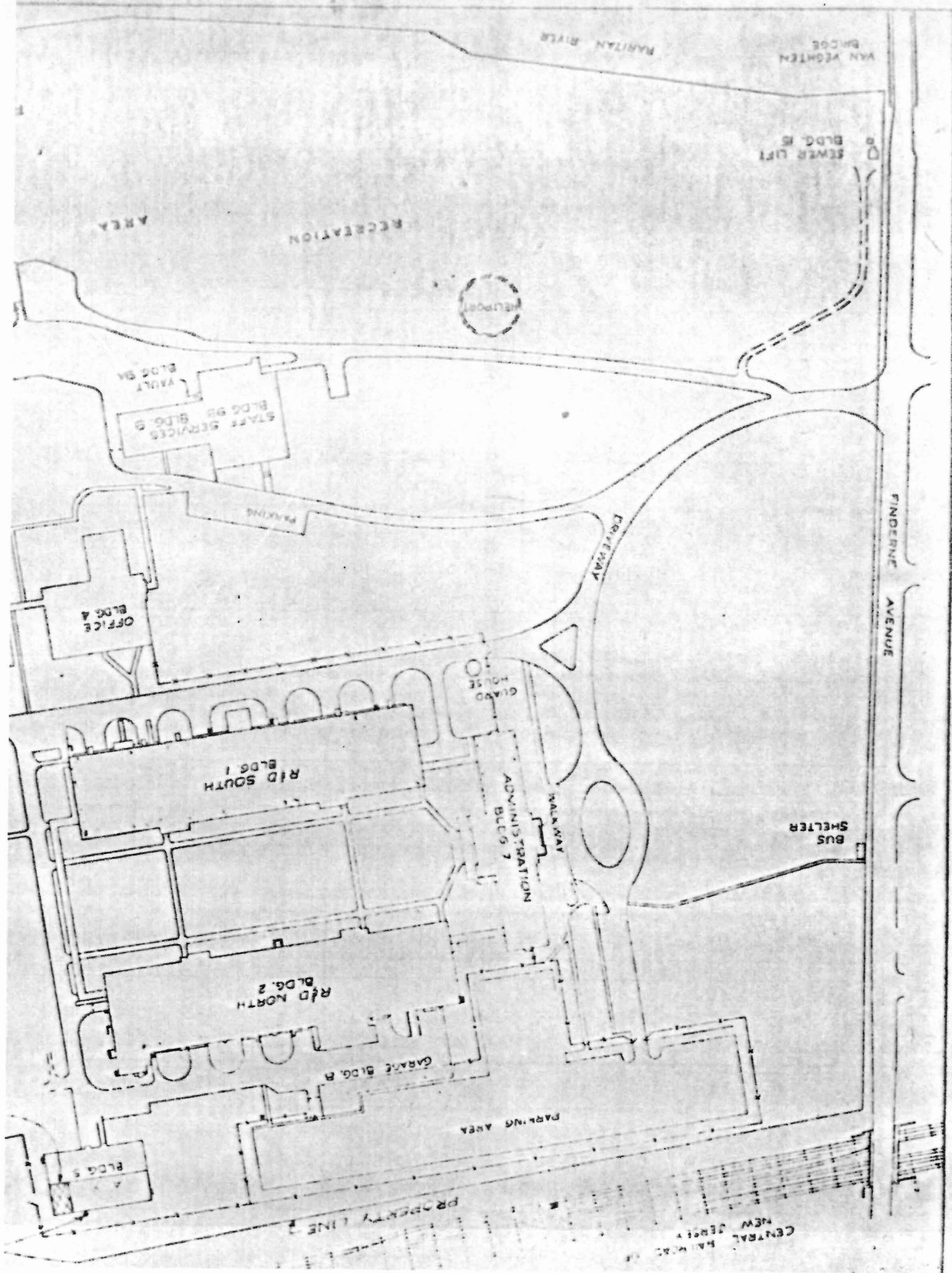
UTM GRID AND 1979 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

PROPERTY PLAN ENGLEWOOD PLANT

YONKERS, N.Y.—N. J.
 NW/4 HARLEM 15' QUADRANGLE
 N4052.5—W7352.5/7.5

SK-1081-17

SMT 10-14-80

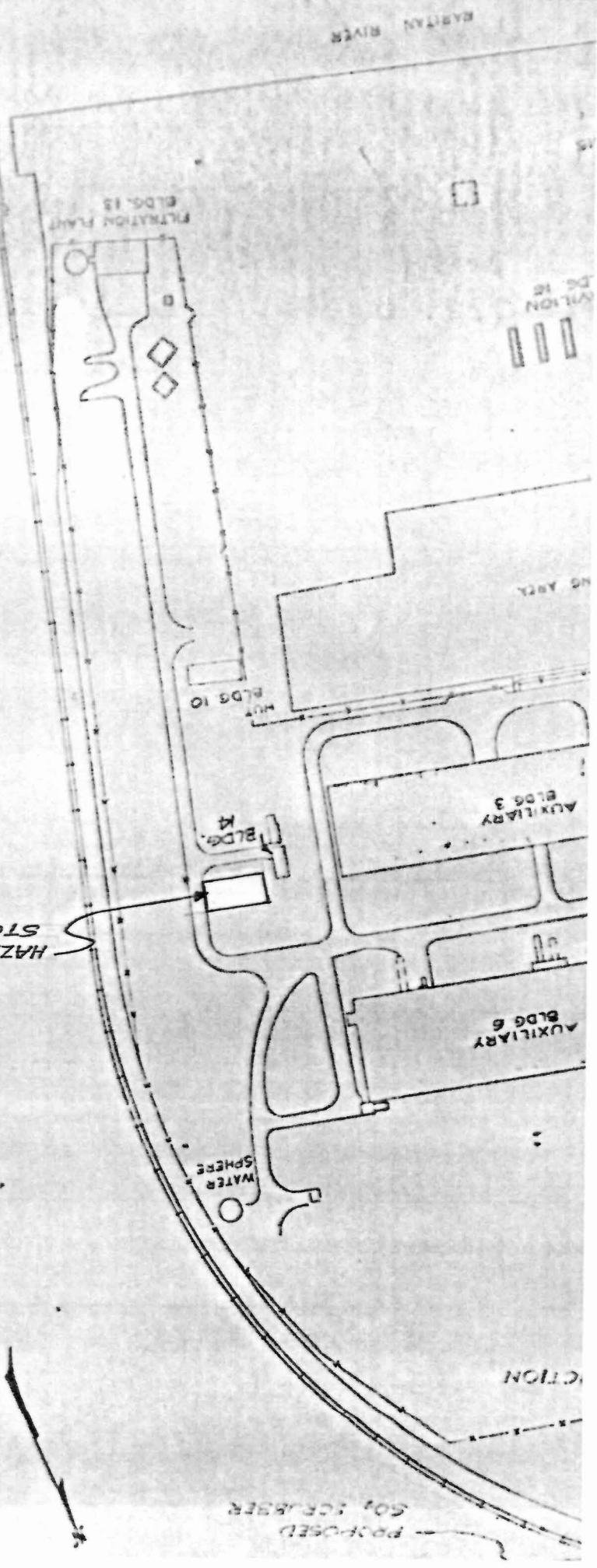


PROJECT PLAN OF BRIDGEWATER SITE		DATE: 10/20/78	
DRAWN BY: J. L. HARRIS		CHECKED BY: J. L. HARRIS	
SCALE: 1" = 100'		SHEET NO. 1 OF 1	

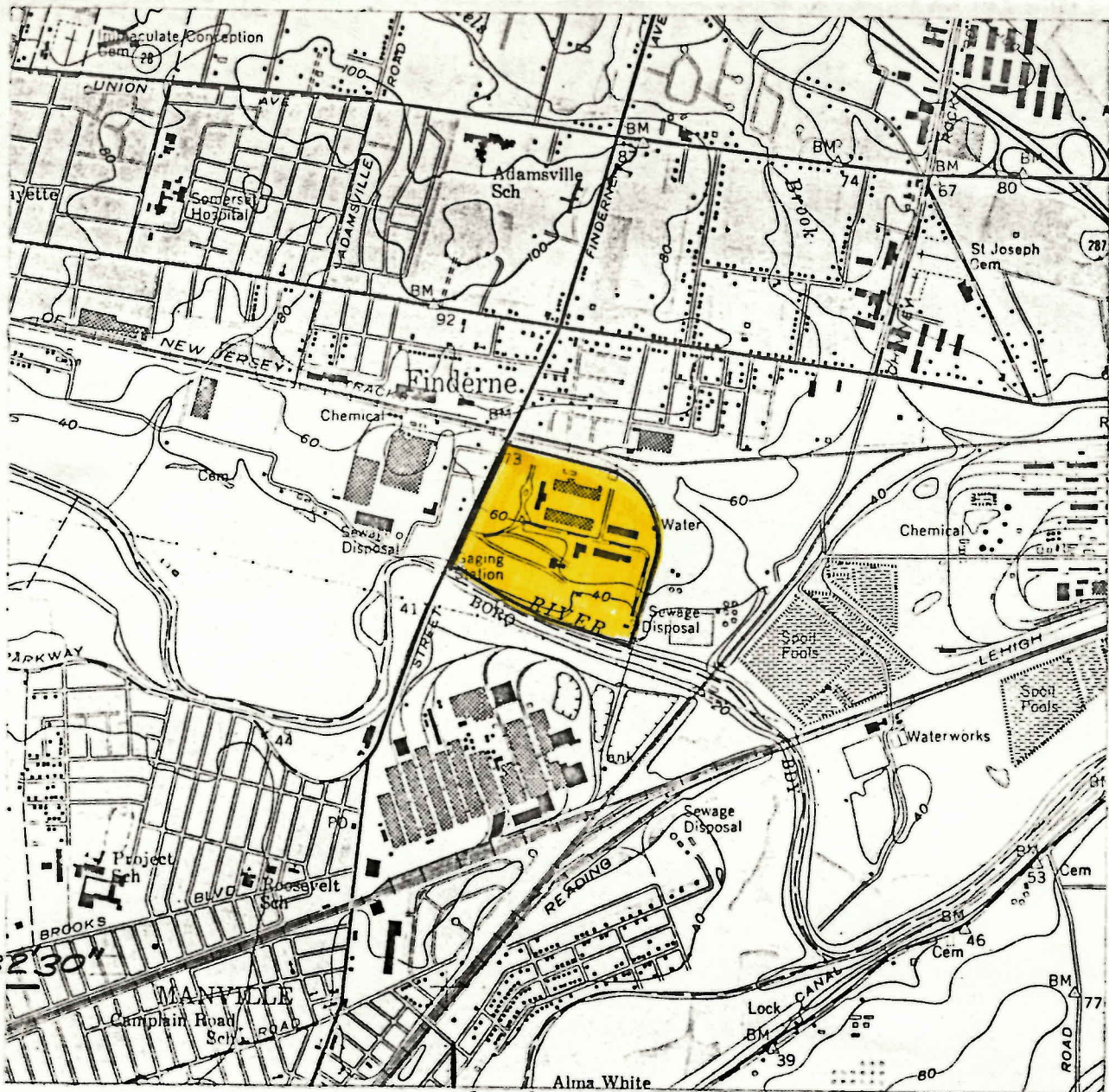
THIS BRIDGE AND THE BRIDGEWATER STORAGE AREA ARE NOT TO BE CONSIDERED AS A SOURCE OF WATER. THE BRIDGEWATER STORAGE AREA IS A SOURCE OF WATER. THE BRIDGEWATER STORAGE AREA IS A SOURCE OF WATER.

HAZARDOUS WASTE
STORAGE AREA

SCALE OF FEET
0 100 200

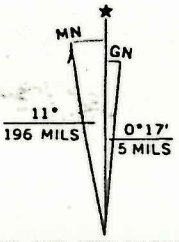
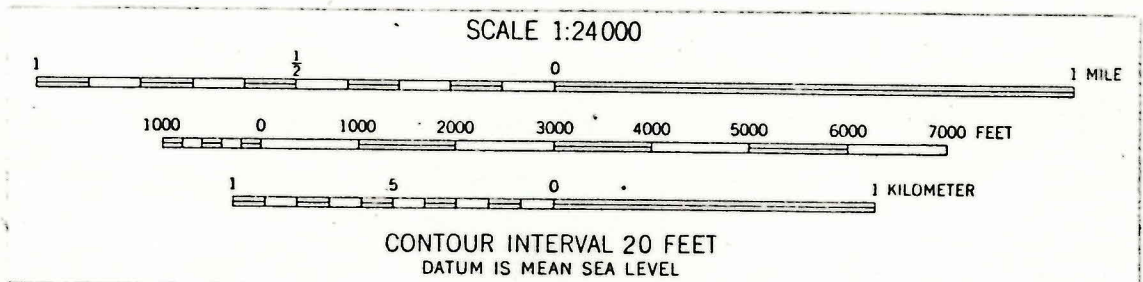


NJD094244712 PERMABOND INTN'L



40°32'30"

74°35'



UTM GRID AND 1970 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

PROPERTY PLAN
BRIDGEWATER SITE

BOUND BROOK, N. J.
N4030-W7430/7.5

SK-1081-3

V. FACILITY DRAWING (see page 4)

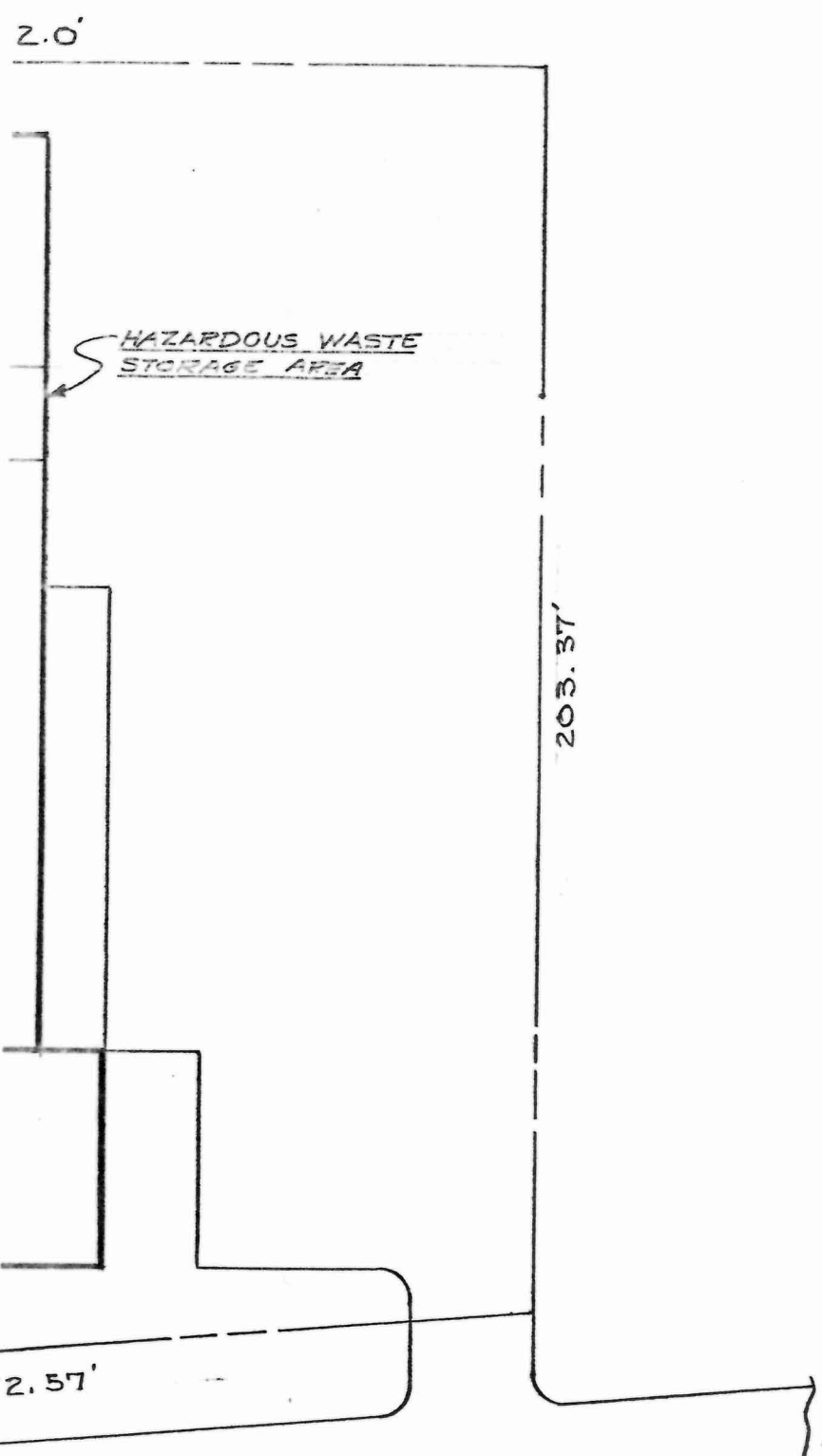
Continued from page 4.

Form Approved 3510-3 (6-80)

V. FACILITY DRAWING (see page 4)

Continued from page 4.

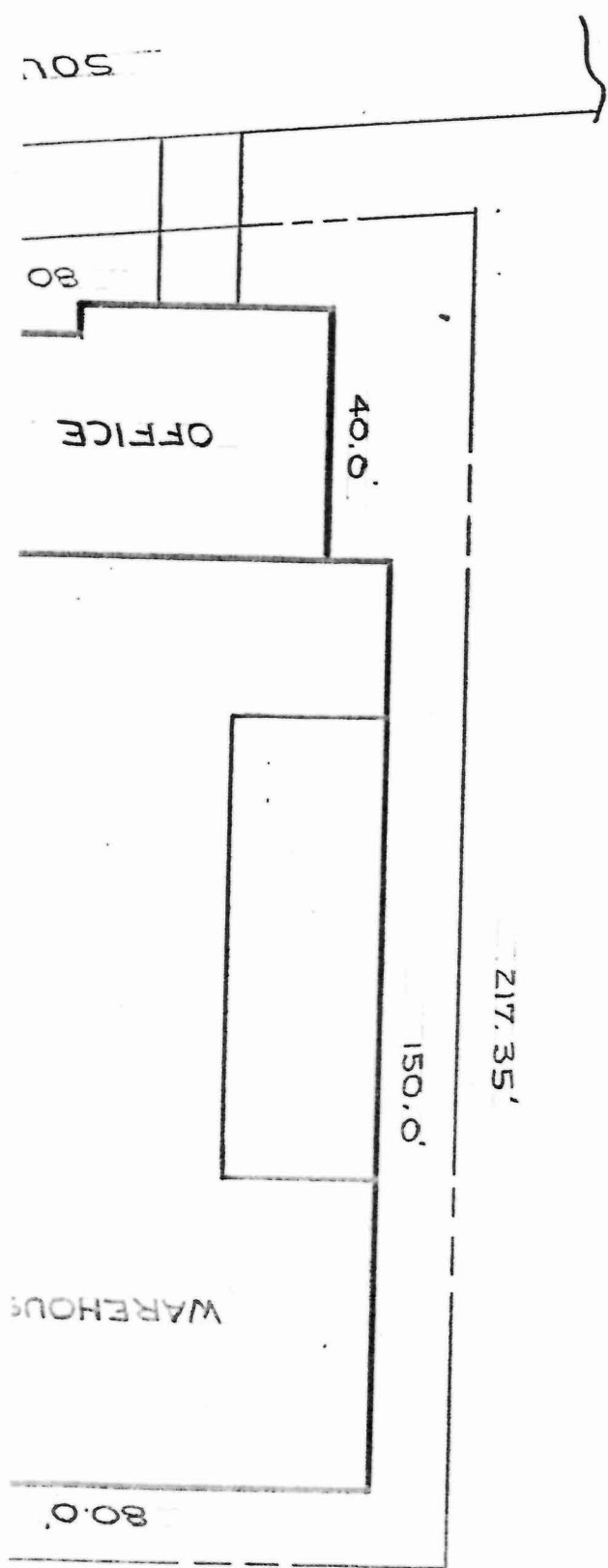
FOR APPROVAL BY THE DISTRICT



DEAN ST

"THIS DRAWING AND THE INFORMATION IT CONTAINS ARE THE PROPERTY OF NATIONAL STARCH & CHEMICAL CORPORATION. IT IS NOT TO BE COPIED OR TRACED, NOR IS THE INFORMATION TO BE MISUSED IN ANY WAY."

11-3-80	DATE 9/16/80	REV. 1	NATIONAL STARCH AND CHEMICAL CORPORATION FINDERNE AVENUE, BRIDGEWATER, N. J. 08876	DRAWN EH	ENG AN
	SCALE 1" = 30'-0"	PLOT PLAN ENGLEWOOD, NJ.		DRAWING No. XB-343-30	



217.35'

150.0'

40.0'

OFFICE

WAREHOUSE

80.0'

80

REVIS

GAUER

Permabond

Subsidiary of National Starch & Chemical Corporation

January 31, 1984

NJD 094244712

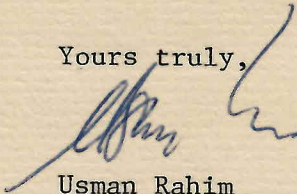
U.S. Environmental Protection Agency
Region II
26 Federal Plaza
New York, New York 10278

RECEIVED
FEB 10 1 42 PM '84
ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007

Gentlemen:

Please find attached the 1983 Generator Annual Report (E.P.A.
Forms 8700-13 and 8700-13A) for Permabond International Division.

Yours truly,



Usman Rahim
Supervisor - Chemical Plant

UR:rl
Enclosure

Please print or type with ELITE type (12 characters per inch)

GSA No. 12345 XX
Form Approved OMB No. 158-R00XX

EPA U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE REPORT		I. TYPE OF HAZARDOUS WASTE REPORT	
PLEASE PLACE LABEL IN THIS SPACE		PART A: GENERATOR ANNUAL REPORT	
		THIS REPORT IS FOR THE YEAR ENDING DEC. 31, 1983	
		PART B: FACILITY ANNUAL REPORT	
		THIS REPORT FOR YEAR ENDING DEC. 31, 19	
		PART C: UNMANIFESTED WASTE REPORT	
		THIS REPORT IS FOR A WASTE RECEIVED (day, mo., & yr.) - - - - - 19	
<p>INSTRUCTIONS: You may have received a preprinted label attached to the front of this pamphlet; affix it in the designated space above—left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Sections II, III, and IV below blank. If you did not receive a preprinted label, complete all sections. "Installation" means a single site where hazardous waste is generated, treated, stored, or disposed of. Please refer to the specific instructions for generators or facilities before completing this form. The information requested herein is required by law (Section 3002/3004 of the Resource Conservation and Recovery Act).</p>			
II. INSTALLATION'S EPA I.D. NUMBER			
F N J D O 94 2 44 7 12 1			
III. NAME OF INSTALLATION			
HERMABOND INTERNATIONAL DIVISION			
IV. INSTALLATION MAILING ADDRESS			
STREET OR P.O. BOX			
310 FINDERNE AVENUE			
CITY OR TOWN			
BRIDGEWATER			
ST. ZIP CODE			
NJ 08807			
V. LOCATION OF INSTALLATION			
STREET OR ROUTE NUMBER			
5			
CITY OR TOWN			
6			
ST. ZIP CODE			
VI. INSTALLATION CONTACT			
NAME (last and first)			
2 RAHIM USMAN			
PHONE NO. (area code & no.)			
201-685-5719			
VII. TRANSPORTATION SERVICES USED (for Part A reports only)			
List the EPA Identification Numbers for those transporters whose services were used during the reporting year represented by this report.			
NJD 980525844			
NJD 991291584			
VIII. COST ESTIMATES FOR FACILITIES (for Part B reports only)			
A. COST ESTIMATE FOR FACILITY CLOSURE			
B. COST ESTIMATE FOR POST CLOSURE MONITORING AND MAINTENANCE (disposal facilities only)			
IX. CERTIFICATION			
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			
Usman Rahim			
A. PRINT OR TYPE NAME			
B. SIGNATURE			
C. DATE SIGNED 2/3/84			

GSA No. 12345-XX
Form Approved OMB No. 158-R00XX

Please print or type with ELITE type (12 characters/line).

FOR OFFICIAL USE ONLY (Items 1 and 2)		1. DATE RECEIVED	X. GENERATOR'S EPA I.D. NO.											
		2. TYPE OF REPORT	G 1 1 1 1 1 1 1 1 1 1											
XI. FACILITY'S EPA I.D. NO.			XIII. FACILITY ADDRESS (street or P.O. box, city, state, & zip code)											
N JD 09 6 86 5 83 7			53 Pennsylvania Avenue South Kearny, N.J. 07302											
XII. FACILITY NAME (specify)			S & W Waste, Inc.											
XIV. WASTE IDENTIFICATION														
LINE NUMBER	A. DESCRIPTION OF WASTE	B. DOT HAZARD CLASS	C. EPA HAZARDOUS WASTE NUMBER (see instructions)										D. AMOUNT OF WASTE	E. UNIT OF MEASURE (enter code)
1	Hazardous Waste Liquid Nos.	1 2	D' 00 2										1 50 0 00	P
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
XV. COMMENTS (enter information by line number — see instructions)														

GSA No 12345 XX
Form Approved OMB No 158 R00XX

Please print or type with ELITE type (12 characters/inch).

FOR OFFICIAL USE ONLY (Items 1 and 2)		1. DATE RECEIVED	X. GENERATOR'S EPA I.D. NO.		
		- - - 1 9	G 1		
2. TYPE OF REPORT					
XI. FACILITY'S EPA I.D. NO.		XIII. FACILITY ADDRESS (street or P.O. box, city, state, & zip code)			
N J D 0 0 2 4 5 4 5 4 4		125 Factory Lane Middlesex, New Jersey 08846			
XII. FACILITY NAME (specify)					
Marisol, Inc.					
XIV. WASTE IDENTIFICATION					
LINE NUMBER	A. DESCRIPTION OF WASTE	B. DOT HAZARD CLASS	C. EPA HAZARDOUS WASTE NUMBER (see instructions)	D. AMOUNT OF WASTE	E. UNIT OF MEASURE (enter code)
1	Waste 1,1,1, Trichloroethane	1 5	U 22 6	28 0 0	P
2	Hazardous Waste Liquid Nos	1 2	U 06 9	1 03 5 0	P
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
XV. COMMENTS (enter information by line number — see instructions)					

Please print or type with ELITE type 112 characters per inch

GSA No. 12345 XA
Form Approved OMB No. 158 R00XX

EPA U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE REPORT		I. TYPE OF HAZARDOUS WASTE REPORT	
PLEASE PLACE LABEL IN THIS SPACE		PART A: GENERATOR ANNUAL REPORT	
		THIS REPORT IS FOR THE YEAR ENDING DEC. 31. 1981	
		PART B: FACILITY ANNUAL REPORT	
		THIS REPORT FOR YEAR ENDING DEC. 31. 19	
		PART C: UNMANIFESTED WASTE REPORT	
		THIS REPORT IS FOR A WASTE RECEIVED (day, mo., & yr.) - - - 19	
<p>INSTRUCTIONS: You may have received a preprinted label attached to the front of this pamphlet; affix it in the designated space above-left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Sections II, III, and IV below blank. If you did not receive a preprinted label, complete all sections. "Installation" means a single site where hazardous waste is generated, treated, stored, or disposed of. Please refer to the specific instructions for generators or facilities before completing this form. The information requested herein is required by law (Section 3002/3004 of the Resource Conservation and Recovery Act).</p>			
II. INSTALLATION'S EPA I.D. NUMBER			
F NJD094244712			
III. NAME OF INSTALLATION			
PER MABOND INTERNATIONAL CORPORATION			
IV. INSTALLATION MAILING ADDRESS			
STREET OR P.O. BOX			
10 FINDERNE AVENUE			
CITY OR TOWN			
BRIDGEWATER			
ST. ZIP CODE			
NJ 08807			
V. LOCATION OF INSTALLATION			
STREET OR ROUTE NUMBER			
CITY OR TOWN			
ST. ZIP CODE			
VI. INSTALLATION CONTACT			
NAME (last and first)			
2 VALERIO TED			
PHONE NO. (area code & no.)			
2 01-685-5050			
VII. TRANSPORTATION SERVICES USED (for Part A reports only)			
List the EPA Identification Numbers for those transporters whose services were used during the reporting year represented by this report.			
PAD064035819			
NJT000029389			
NJD002454544			
NJT000029454			
VIII. COST ESTIMATES FOR FACILITIES (for Part B reports only)			
A. COST ESTIMATE FOR FACILITY CLOSURE		B. COST ESTIMATE FOR POST CLOSURE MONITORING AND MAINTENANCE (disposal facilities only)	
G \$		\$	
IX. CERTIFICATION			
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			
Ted Valerio		5/21/82	
A. PRINT OR TYPE NAME		C. DATE SIGNED	
		D. SIGNATURE	

GSA No. 12345 XX
Form Approved OMB No. 158 R00XX

Please print or type with ELITE type (12 characters/inch)

FOR OFFICIAL USE ONLY (Items 1 and 2)		1. DATE RECEIVED	- 1 9		X. GENERATOR'S EPA I.D. NO.
		2. TYPE OF REPORT			G
XI. FACILITY'S EPA I.D. NO.		XIII. FACILITY ADDRESS (street or P.O. box, city, state, & zip code)			
A L T 0 0 0 6 2 2 4 6 4		P.O. Box 55 Emelle, Alabama 35459			
XII. FACILITY NAME (specify)		Chemical Waste Management			
XIV. WASTE IDENTIFICATION					
LINE NUMBER	A. DESCRIPTION OF WASTE	B. DOT HAZARD CLASS	C. EPA HAZARDOUS WASTE NUMBER (see instructions)	D. AMOUNT OF WASTE	E. UNIT OF MEASURE (enter code)
1	Hazardous Waste Liquid Nos.	1 2	D 0 0 2	9 9 3 0 0	P
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
XV. COMMENTS (enter information by line number — see instructions)					



State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION

DIVISION OF WASTE MANAGEMENT
32 E. Hanover St., CN 028, Trenton, N.J. 08625

DR. MARWAN M. SADAT, P.E.
DIRECTOR

LINO F. PEREIRA, P.E.
DEPUTY DIRECTOR

Mr. John Hajduk
USEPA Region II
26 Federal Plaza
New York City, NY 10007

Dear Mr. Hajduk:

Enclosed is a copy of a letter from Ted Valerio of Permabond International requesting the following information change(s):

- | | | |
|----|--------------------------|-------------------|
| 1) | Company name | _____ |
| 2) | Corporate name/ownership | _____ |
| 3) | Company Contact | _____ X _____ |
| 4) | EPA ID Number | _____ |
| 5) | Notification Status to: | TSD _____ |
| | | Transporter _____ |
| | | Generator _____ |
| | | Non-Handler _____ |
| 6) | Facility Closure | _____ |
| 7) | Other | _____ |

Please make the indicated changes to your RCRA mailing address file. Your attention in this matter would be greatly appreciated.

Sincerely,


Shirlee Schiffman

Assistant Chief
Bureau of Hazardous Waste
Classification & Manifest

PR24:amr
Enclosure

NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
JUN 21 12 10 PM '84
REGIONAL HEARING CLERK
REGION II

Permabond

Subsidiary of National Starch & Chemical Corporation

April 4, 1983

N.J. Department of Environmental Protection
Division of Waste Management
32 East Hanover Street, CN 027
Trenton, New Jersey 08625

Gentlemen:

Please find attached a mailing label we received on an envelope containing information pertaining to changes in regulations. The purpose of the letter is to request a change in the label. Mr. Giacobello is no longer responsible for Permabond. Please send all future correspondence to:

Permabond International Division
National Starch & Chemical Corporation
10 Finderne Avenue
Bridgewater, N.J. 08807

Attention: Ted Valerio, Manufacturing Manager

Your prompt attention to this matter is appreciated.

Sincerely,

Ted Valerio

Ted Valerio
Manufacturing Manager

TV:rl

Enclosure


GSA No. 12345 XX
Form Approved OMB No. 158 R00XX

Please print or type with ELITE type (12 characters/line)

EPA		U.S. ENVIRONMENTAL PROTECTION AGENCY			
FOR OFFICIAL USE ONLY (Items 1 and 2)		GENERATOR ANNUAL REPORT - PART A (Collected under the authority of Section 3002 of RCRA)			
1. DATE RECEIVED		X. GENERATOR'S EPA I.D. NO.			
2. TYPE OF REPORT		G			
XI. FACILITY'S EPA I.D. NO.		XIII. FACILITY ADDRESS (street or P.O. box, city, state, & zip code)			
NJDD002454544		125 Factory Lane Middlesex, New Jersey 08846			
XII. FACILITY NAME (specify)					
Marisol, Inc.					
XIV. WASTE IDENTIFICATION					
LINE NUMBER	A. DESCRIPTION OF WASTE	B. DOT HAZARD CLASS	C. EPA HAZARDOUS WASTE NUMBER (see instructions)	D. AMOUNT OF WASTE	E. UNIT OF MEASURE (enter code)
1	Hazardous Waste Liquid Nos.	07	D001	24705	P
2	Solvent Nos.	07	F005	19875	P
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
XV. COMMENTS (enter information by line number - see instructions)					

Please print or type with ELITE type (12 characters per inch)

GSA No. 12345 XA
Form Approved OMB No. 1501-0001

 U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE REPORT	I. TYPE OF HAZARDOUS WASTE REPORT	
	PART A: GENERATOR ANNUAL REPORT	
	THIS REPORT IS FOR THE YEAR ENDING DEC. 31, 1981	
	PART B: FACILITY ANNUAL REPORT	
PLEASE PLACE LABEL IN THIS SPACE	THIS REPORT FOR YEAR ENDING DEC. 31, 1981	
	PART C: UNMANIFESTED WASTE REPORT	
	THIS REPORT IS FOR A WASTE RECEIVED (day, mo., & yr.) 1981	

INSTRUCTIONS: You may have received a preprinted label attached to the front of this pamphlet; affix it in the designated space above-left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Sections II, III, and IV below blank. If you did not receive a preprinted label, complete all sections. "Installation" means a single site where hazardous waste is generated, treated, stored, or disposed of. Please refer to the specific instructions for generators or facilities before completing this form. The information requested herein is required by law (Section 3002/3004 of the Resource Conservation and Recovery Act).

II. INSTALLATION'S EPA I.D. NUMBER
F N J D 0 9 4 2 4 4 7 1 2 1

III. NAME OF INSTALLATION
PERMABOND INTERNATIONAL CORPORATION

IV. INSTALLATION MAILING ADDRESS
STREET OR P.O. BOX
310 FINDERNE AVENUE
CITY OR TOWN
BRIDGEWATER
ST. NJ
ZIP CODE 08807

V. LOCATION OF INSTALLATION
STREET OR ROUTE NUMBER
CITY OR TOWN
ST. ZIP CODE

VI. INSTALLATION CONTACT
NAME (last and first)
2 VALERIO TED
PHONE NO. (area code & no.)
201-685-5050

VII. TRANSPORTATION SERVICES USED (for Part A reports only)
List the EPA Identification Numbers for those transporters whose services were used during the reporting year represented by this report.

VIII. COST ESTIMATES FOR FACILITIES (for Part B reports only)

A. COST ESTIMATE FOR FACILITY CLOSURE	B. COST ESTIMATE FOR POST CLOSURE MONITORING AND MAINTENANCE (disposal facilities only)
\$ 9240	\$ 0

IX. CERTIFICATION
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Ted Valerio

A. PRINT OR TYPE NAME

Ted Valerio

B. SIGNATURE

5/21/82

C. DATE SIGNED

GSA No. 12345 XX
Form Approved OMB No. 158 R00XX

Please print or type with ELITE type (12 characters/inch)

EPA		U.S. ENVIRONMENTAL PROTECTION AGENCY	
GENERATOR ANNUAL REPORT - PART A			
(Collected under the authority of Section 3002 of RCRA)			
FOR OFFICIAL USE ONLY (Items 1 and 3)		1. DATE RECEIVED	
		- - - - - 1 9	
		2. TYPE OF REPORT	
		G	
XI. FACILITY'S EPA I.D. NO.		X. GENERATOR'S EPA I.D. NO.	
N J D 0 9 4 2 4 4 7 1 2			
XII. FACILITY NAME (specify)		XIII. FACILITY ADDRESS (street or P.O. box, city, state, & zip code)	
Permabond International Corp.		10 Finderne Avenue Bridgewater, N.J. 08807	
XIV. WASTE IDENTIFICATION			
LINE NUMBER	A. DESCRIPTION OF WASTE	B. DOT HAZARD CLASS	C. EPA HAZARDOUS WASTE NUMBER (see instructions)
1	Hazardous Waste Liquid Nos.	07	F003
2	Hazardous Waste Liquid Nos.	12	D002
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
XV. COMMENTS (enter information by line number - see instructions)			
Sections XI thru XIV - This facility is only used for interim storage - not disposal. 60,000 pounds represents approximate storage level waiting for off-site disposal.			
Section VIII - Facility closure cost is the estimate cost to remove stored material to off-site disposal. Therefore, there is no post closure monitoring cost estimate.			



State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DIVISION OF WASTE MANAGEMENT

32 E. Hanover St., CN 027, Trenton, N.J. 08625

JACK STANTON
DIRECTOR

LINO F. PEREIRA
DEPUTY DIRECTOR

03 MAR 1983

Permabond International Corp
10 Finderne Ave
Bridgewater, NJ 08807

RE: Facility Operating Status

Dear Sir:

8H
Hurons
3/10/83

The Bureau of Hazardous Waste Engineering has reviewed your company's response to the Notice of Violation, Failure to Submit Annual Report. The Bureau finds that the response contains adequate information to determine the operating status of this facility with respect to N.J.A.C. 7:26-1 et seq., the New Jersey Hazardous Waste Management Regulations. The Bureau has determined that the company's hazardous waste treatment, storage or disposal facility as delineated in the company's RCRA Part A application and identified by the following EPA ID Number:

EPA ID NO. NJD094244712

has been excluded from regulations under N.J.A.C. 7:26-1.1 et seq. because your facility accumulates hazardous waste on-site for less than 90 days. This exclusion classifies your facility solely as a generator provided the following conditions are complied with:

1. All such waste is, within 90 days or less, shipped off-site to an authorized facility or placed in an on-site authorized facility, as defined at N.J.A.C. 7:26-1.4.
2. The waste is placed in containers which meet the standards of N.J.A.C. 7:26-7.2 and are managed in accordance with N.J.A.C. 7:26-9.4(d).
3. The date upon which each period of accumulation begins is clearly marked and visible for inspection on each container.
4. The generator complies with the requirements for owners and operators of N.J.A.C. 7:26-9.6 and 9.7 concerning preparedness and prevention, contingency plans and emergency procedures as well as N.J.A.C. 7:26-9.4(g) concerning personnel training.

New Jersey Is An Equal Opportunity Employer

5. For bulk accumulation of dry hazardous waste materials, the waste pile is managed according to the following:
- (i) The waste pile is no larger than 200 cubic yards; and
 - (ii) The pile shall be placed on an impermeable base that is compatible with the waste; and
 - (iii) Run-on shall be diverted away from the pile; and
 - (iv) Any leachate and run-off from the pile must be collected and managed as a hazardous waste.

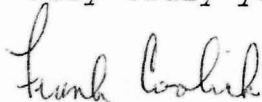
This written acknowledgement of the exclusion of the above identified facility from N.J.A.C. 7:26-1 et seq. is based expressly on the review of the aforementioned correspondence. This letter makes no claim as to the extent and physical condition of the actual hazardous waste activities occurring at the site mentioned above.

Your company's hazardous waste facility above is no longer included in DEP's list of "existing facilities" (see N.J.A.C. 7:26-1.4 and 12.3) and therefore does not need to conform with the interim operating requirements of N.J.A.C. 7:26-1 et seq. for "existing facilities" which would include the TSD facility annual report. It is the company's responsibility to operate within the conditions listed above. To operate a hazardous waste facility without prior approval from the DEP is a violation of the Solid Waste Management Act N.J.S.A. 13:1E-1 et seq.

As a result of the conclusions previously made, the Notice of Violation entitled "Failure to Submit Annual Report" signed by Mr. David Shotwell is rescinded and need not be complied with.

If you have any questions on this matter, please call my office at (609) 292-9880.

Very truly yours,



Frank Coolick, Chief
Bureau of Hazardous Waste Engineering

FC:jb

cc Dave Shotwell
NJDEP, Division of Waste Management

Tom Taccone
USEPA, Region II

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Delete TSD

14 APR 1983

Mr. Ted Valerio
Manufacturing Manager
National Starch and Chemical
10 Pinderne Avenue
Bridgewater, New Jersey 08807

Subject: Request to Withdraw Storage Status
EPA ID No. NJD094244712

Dear Mr. Valerio:

The US Environmental Protection Agency is in receipt of a Notification of Hazardous Waste Activity form and a hazardous waste permit application from your organization. These forms indicate that hazardous wastes are generated and stored on-site. Your letter of June 25, 1982, however, indicates that no such wastes are stored.

This letter is to advise you that, based on the contents of your letter, we have revised our records to indicate Pennabond as only a generator of hazardous waste. Also, please be aware of our 90 day time limit for a generator who accumulates hazardous wastes. If you anticipate exceeding this limit, the New Jersey Department of Environmental Protection should be contacted before it is reached. Your notification must mention how and when you will move your waste off-site.

Please call Tom Taccone, of my staff, at (212) 264-9880 if you have any questions on this matter.

Sincerely yours,

Paul Zambratto, Chief
Water & Hazardous Waste
Compliance Section
Permits Administration Branch
Office of Policy & Management

cc: Frank Coolick, NJDEP

bcc: Joel Golumbek, 2AWM-SW

2PM:PA:Taccone:JA 4/11/83				CONCURRENCES				
SYMBOL	2PM:PA	2AWM-SW	2PM:PA					
SURNAME	Taccone	Golumbek	Zambratto					
DATE	4/12/83	4-14-83	4-15-83					

Debbie



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

15 APR 1983

Mr. Ted Valerio
Manufacturing Manager
National Starch and Chemical
10 FINDERNE AVENUE
BRIDGEWATER, NEW JERSEY 08807

Subject: Request to Withdraw Storage Status
EPA ID No. NJD094244712

Dear Mr. Valerio:

The US Environmental Protection Agency is in receipt of a Notification of Hazardous Waste Activity form and a hazardous waste permit application from your organization. These forms indicate that hazardous wastes are generated and stored on-site. Your letter of June 25, 1982, however, indicates that no such wastes are stored.

file
This letter is to advise you that, based on the contents of your letter, we have revised our records to indicate PermaBond as only a generator of hazardous waste. Also, please be aware of our 90 day time limit for a generator who accumulates hazardous wastes. If you anticipate exceeding this limit, the New Jersey Department of Environmental Protection should be contacted before it is reached. Your notification must mention how and when you will move your waste off-site.

Please call Tom Taccone, of my staff, at (212) 264-9880 if you have any questions on this matter.

Sincerely yours,

Paul Zambrotta

Paul Zambrotta, Chief
Water & Hazardous Waste
Compliance Section
Permits Administration Branch
Office of Policy & Management

cc: Frank Coolick, NJDEP

*NT was authorized Feb 2, 83.
DEP is authorized to
make decisions re
status changes. Unless
facility requests a
response from EPA
we should not send
out these types of
ltr HHS.*

Permabond

Subsidiary of National Starch & Chemical Corporation

June 28, 1982

U.S. Environmental Protection Agency
Region II
26 Federal Plaza
New York, New York 10278

Gentlemen:

This letter serves as a formal request to remove Permabond International Corporation's Bridgewater, N.J. location (E.P.A. I.D. No. NJD 094244712) as a licensed hazardous waste storage site. We will maintain our generator status but are dropping the interim storage filing since the original filing was precautionary and is no longer applicable. The amended 40 CFR Part 262.34 (1/11/82) which could allow an extension to the 90 day accumulation on a case-by-case basis has provided for the potential problems we anticipated. We are therefore following the 40 CFR 1/11/82 recommendation "generators are encouraged to withdraw protective filings by contacting their EPA Regional Offices". Any hazardous waste generated at our site will be disposed of within the regular 90 day generator provisions.

Sincerely,

Ted Valerio

Ted Valerio
Manufacturing Manager

TV:rl

PAB
JUN 30 11 54 AM '82
ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007

Permabond

Subsidiary of National Starch & Chemical Corporation

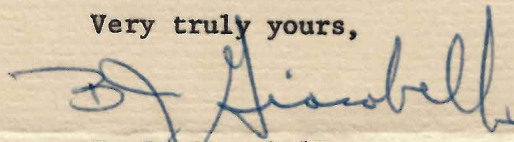
August 11, 1980

Information Service Center
26 Federal Plaza
New York, New York 10007

Gentlemen:

Persuant to Section 3010 of the Resource Conservation and Recovery Act and regulations issued thereunder, we submit herewith a completed and duly executed notification form (EPA Form 8700-12) in connection with waste generation and storage activities at our plant located at 10 Finderne Avenue, Bridgewater, N. J.

Very truly yours,



B. J. Giacobello
Technical Manager

BJG:rl

Permabond

Subsidiary of National Starch & Chemical Corporation

NJD094244712

May 21, 1982

U.S. Environmental Protection Agency
Region II
26 Federal Plaza
New York, New York 10278

file
Gentlemen:

Please find enclosed the 1981 Generator Annual Report and the 1981 Facility Annual Report (E.P.A. Forms 8700-13 and 8700-13A) for Permabond International Corporation.

Yours truly,

Ted Valerio

Ted Valerio
Manufacturing Manager

Enclosure
TV:rl

RECEIVED
EPA
MAY 25 10 30 AM '82
ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK OFFICE

RCRA INSPECTION REVIEW SHEET

Name of Facility - Permabond International corp

RCRA ID# - NJDO 94244712

Date of Inspection - 8/16/81

Type of Inspection:

Generator

Transporter

TSD

Name of EPA/State Inspector - Bob Dante NJDEP

Findings of Inspection: The facility does not have a written inspection schedule (265.15) it is in the process of being made. written Personnel training (265.16) is also in the process of being made. The facility also does not have a closure plan. observed one leaking drum containing still bottoms. Forty drums of flammable solvents on site and 80 drums of still bottoms ready for shipment.

Action(s) Taken: None

Action(s) Recommended: I recommend that a follow up inspection be made to see if the written requirements have been drawn up.

JAN 18 2 16 PM '82
ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007

RCRA GENERATOR INSPECTION FORM

COMPANY NAME: Perma-bond International corp EPA I.D. NUMBER: NJ D094244712

COMPANY ADDRESS: 10 Funderne Ave
Bridgewater N.J.

COMPANY CONTACT OR OFFICIAL: Joe Giacobello

INSPECTOR'S NAME: Bob Dante

TITLE: Technical Manager
SAYS IT

BRANCH/ORGANIZATION: NJ DEP

CHECK IF FACILITY IS ALSO A TSD
FACILITY /u/

DATE OF INSPECTION: 8/14/81

YES NO

DON'T
KNOW

(1) Is there reason to believe that the facility has hazardous waste on site? ✓ — —

a. If yes, what leads you to believe it is hazardous waste?
Check appropriate box:

☒ Company admits that its waste is hazardous during the inspection.

☒ Company admitted the waste is hazardous in its RCRA notification and/or Part A Permit Application.

☐ The waste material is listed in the regulations as a hazardous waste from a nonspecific source (§261.31)

☒ The waste material is listed in the regulations as a hazardous waste from a specific source (§261.32)

☒ The material or product is listed in the regulations as a discarded commercial chemical product (§261.33)

☒ EPA testing has shown characteristics of ignitability, corrosivity, reactivity or extraction procedure toxicity, or has revealed hazardous constituents (please attach analysis report)

☐ Company is unsure but there is reason to believe that waste materials are hazardous. (Explain)

YES NO DON'T
KNOW

- b. Is there reason to believe that there are hazardous wastes on-site which the company claims are merely products or raw materials?

— ☒ —

Please explain:

- c. Identify the hazardous wastes that are on-site, and estimate approximate quantities of each.

40 drums of Flammable solvents 55 gallon drums
 80 drums of Still bottoms 55 gallon drums

- d. Describe the activities that result in the generation of hazardous waste. 1. Residue from distillation operation
 2. distillate and cleaning from distillation

- (2) Is hazardous waste stored on site?

— ☒ —

- a. What is the longest period that it has been accumulated?

90 days

- b. Is the date when drums were placed in storage marked on each drum?

— ☒ —

- (3) Has hazardous waste been shipped from this facility since November 19, 1980?

— ☒ —

- a. If "yes," approximately how many shipments were made?

3 shipments

- (4) Approximately how many hazardous waste shipments off site have been made since November 19, 1980?

- a. Does it appear from the available information that there is a manifest copy available for each hazardous waste shipment that has been made?

— ☒ —

- b. If "no" or "don't know," please elaborate.

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>
c. Does each manifest (or a representative sample) have the following information?			
- a manifest document number	<u>✓</u>	—	—
- the generator's name, mailing address, telephone number, and EPA identification number	<u>✓</u>	—	—
- the name, and EPA identification number of each transporter	<u>✓</u>	—	—
- the name, address and EPA identification number of the designated facility and an alternate facility, if any:	<u>✓</u>	—	—
- a description of the wastes (DOT)	<u>✓</u>	—	—
- the total quantity of each hazardous waste by units of weight or volume, and the type and number of containers as loaded into or onto the transport vehicle	<u>✓</u>	—	—
- a certification that the materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation under regulations of the Department of Transportation and the EPA	<u>✓</u>	—	—
(5) Were there any hazardous wastes stored on site at the time of the inspection?	<u>✓</u>	—	—
a. If "yes," do they appear properly packaged (if in containers) or, if in tanks, are the tanks secure?	<u>✓</u>	—	—
b. If not properly packaged or in secure tanks, please explain.			
c. Are containers clearly marked and labelled? 266.3/nd.30	<u>✓</u>	—	—
d. Do any containers appear to be leaking? 266.30	<u>✓</u>	—	—
e. If "yes," approximately how many? /			

*(6) Has the generator submitted an annual report to EPA covering the previous calendar year? 2.6.7-22(b)

✓ — —

a. How do you know?

(7) Has the generator received signed copies (from the TSD facility) of all manifests for wastes shipped off site more than 35 days ago? 2.6.7-22(a)-(b)

✓ — —

a. If "no," have Exception Reports been submitted to EPA covering these shipments?

— — —

(8) General comments.

* The effective date for this requirement is March 1, 1982.

RCRA TREATMENT, STORAGE AND DISPOSAL FACILITY INSPECTION FORM
FOR TSD FACILITIES ONLY

COMPANY NAME: PermaBond International Corp. EPA I.D. Number: NTD094244712

COMPANY ADDRESS: 10 Funderne Ave
Bridgewater N.J.

COMPANY CONTACT OR OFFICIAL: Joe Giacobello OTHER ENVIRONMENTAL PERMITS HELD

Technical Manager

Bob Rahim - Supervisor

TITLE: Tech manager
supervisor

BY FACILITY: ☒ NPDES

☒ AIR

☐ OTHER

INSPECTOR'S NAME: Bob Dante

DATE OF INSPECTION:

8/10/81

BRANCH/ORGANIZATION: NTDEP

TIME OF DAY INSPECTION TOOK PLACE:

12:00 noon

(1) Is there reason to believe that the facility has hazardous waste on site?

a. If yes, what leads you to believe it is hazardous waste?
Check appropriate box:

☒ Company admits that its waste is hazardous during the inspection.

☒ Company admitted the waste is hazardous in its RCRA notification and/or Part A Permit Application.

☐ The waste material is listed in the regulations as a hazardous waste from a nonspecific source (§261.31)

☒ The waste material is listed in the regulations as a hazardous waste from a specific source (§261.32)

☒ The material or product is listed in the regulations as a discarded commercial chemical product (§261.33)

☒ EPA testing has shown characteristics of ignitability, corrosivity, reactivity or extraction procedure toxicity, or has revealed hazardous constituents (please attach analysis report)

☐ Company is unsure but there is reason to believe that waste materials are hazardous. (Explain) Company knows wastes are hazardous

YES NO DON'T KNOW

b. Is there reason to believe that there are hazardous wastes on-site which the company claims are merely products or raw materials?

YES NO KNOW

Please explain:

c. Identify the hazardous wastes that are on-site, and estimate approximate quantities of each.

40 55gal drums of flammable solvents

80 55gal drums of still bottom residues

(2) Does the facility generate hazardous waste?

YES NO KNOW

(3) Does the facility transport hazardous waste?

YES NO KNOW

(4) Does the facility treat, store or dispose of hazardous waste?

YES NO KNOW

VISUAL OBSERVATIONS

- (5) SITE SECURITY (§265.14)
- | | <u>YES</u> | <u>NO</u> | <u>DON'T
KNOW</u> |
|--|--|-------------------------------------|--------------------------|
| a. Is there a 24-hour surveillance system? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is there a suitable barrier which completely surrounds the active portion of the facility? | <input checked="" type="checkbox"/> <i>yes</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are there "Danger-Unauthorized Personnel Keep Out" signs posted at each entrance to the facility? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
- (6) Are there ignitable, reactive or incompatible wastes on site? (§265.27)
- | | <u>YES</u> | <u>NO</u> | <u>DON'T
KNOW</u> |
|---|---|--------------------------|--------------------------|
| a. If "YES", what are the approximate quantities? | <input checked="" type="checkbox"/> <i>40 55 gallon drums solvents 80 55 gallon drums still bottoms</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If "YES", have precautions been taken to prevent accidental ignition or reaction of ignitable or reactive waste? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. If "YES", explain <i>materials are stored in sealed containers and separated</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. In your opinion, are proper precautions taken so that these wastes do not: | | | |
| - generate extreme heat or pressure, fire or explosion, or violent reaction? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - produce uncontrolled toxic mists, fumes, dusts, or gases in sufficient quantities to threaten human health? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - produce uncontrolled flammable fumes or gases in sufficient quantities to pose a risk of fire or explosions? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - damage the structural integrity of the device or facility containing the waste? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - threaten human health or the environment? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain your answers, and comment if necessary.

- e. Are there any additional precautions which you would recommend to improve hazardous waste handling procedures at the facility? *no*

- (7) Does the facility comply with preparedness and prevention requirements including maintaining: (§265.32)

YES	NO	DON'T KNOW
-----	----	---------------

- an internal communications or alarm system? ☒ ☐ ☐
- a telephone or other device to summon emergency assistance from local authorities? ☒ ☐ ☐
- portable fire equipment? ☒ ☐ ☐
- adequate aisle space? ☒ ☐ ☐
- in your opinion, do the types of wastes on site require all of the above procedures, or are some not needed? Explain. *They have all of the above* ☒ ☐ ☐

In your opinion, do the types of wastes on site require all of the above procedures, or are some not needed? Explain. *see above*

- *(8) Have you inspected to verify that the groundwater monitoring wells (if any) mentioned in the facility's groundwater monitoring plan (see no. 19 below) are properly installed? ☒ ☐ ☐

If you have, please comment, as appropriate.

- (9) a. Is there any reason to believe that groundwater contamination already exists from this facility? If "YES", explain. ☐ ☒ ☐
- b. Do you believe that operation of this facility may affect groundwater quality? ☐ ☒ ☐
- c. If "YES", explain.

RECORDS INSPECTION

- (10) Has the facility received hazardous waste from an off-site source since Nov. 19, 1980 (effective date of the regulations)? ☐ ☒ ☐
- a. If "YES", does it appear that the facility has a copy of a manifest for each hazardous waste load received? ☐ ☐ ☐
- b. How many post-November 19 manifests does it have? (If the number is large, you may estimate) *3* ☐ ☐ ☐
- c. Does each manifest (or a representative sample) have the following information?
- a manifest document number ☒ ☐ ☐

* This requirement applies only after November 19, 1981.

YES NO DON'T
KNOW

- the generator's name, mailing address, telephone number, and EPA identification number ✓
 - the name, and EPA identification number of each transporter ✓
 - the name, address and EPA identification number of the designated facility and an alternate facility, if any; ✓
 - a DOT description of the wastes ✓
 - the total quantity of each hazardous waste by units of weight or volume, and the type and number of containers as loaded into or onto the transport vehicle ✓
 - a certification that the materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation under regulations of the Department of Transportation and the EPA ✓
- d. Are there any indications that unmanifested hazardous wastes have been received since November 19, 1980? If YES, explain. NA

(11) Does the facility have a written waste analysis plan specifying test methods, sampling methods and sampling frequency? (§265.13) NA

- a. Does the character of wastes handled at the facility change from day to day, week to week, etc., thus requiring frequent testing?
(You may check more than one)
Waste characteristics vary
All wastes are basically the same ✓
Company treats all waste as hazardous
Don't Know

- b. Does hazardous waste come to this facility from off-site sources? ✓
- c. If waste comes from an off-site source, are there procedures in the plan to insure that wastes received conform to the accompanying manifest? NA

(12) INSPECTIONS (§265.15)

- a. Does the facility have a written inspection schedule? schedule in the process of being made ✓
- b. Does the schedule identify the types of problems to be looked for and the frequency for inspections? ✓
- c. Does the owner/operator record inspections in a log? ✓
- d. Is there evidence that problems reported in the inspection log have not been remedied? If "YES," please explain. ✓

(13) PERSONNEL TRAINING (§265.16)

- a. Is there written documentation of the following:

In the process of being implemented

- job title for each position at the facility related to hazardous waste management and the name of the employee filling each job? ☐ ☒ ☐
- type and amount of training to be given to personnel in jobs related to hazardous waste management? ☐ ☒ ☐
- actual training or experience received by personnel? ☐ ☒ ☐

- (14) Does the facility have a written contingency plan for emergency procedures designed to deal with fires, explosion or any unplanned release of hazardous waste?
- ☒
- ☐
- ☐
-
- (§265.51)

- a. Does the plan describe arrangements made with local authorities? ☒ ☐ ☐
- b. Has the contingency plan been submitted to local authorities? ☒ ☐ ☐

How do you know?

- c. Does the plan list names, addresses, and phone numbers of Emergency Coordinators? ☒ ☐ ☐
- d. Does the plan have a list of what emergency equipment is available? ☒ ☐ ☐
- e. Is there a provision for evacuating facility personnel? ☒ ☐ ☐
- f. Was an Emergency Coordinator present or on call at the time of the inspection? ☒ ☐ ☐

- (15) Does the owner/operator keep a written operating record with: (§265.73)

- a description of wastes received with methods and dates of treatment, storage or disposal? *NA* ☐ ☐
- location and quantity of each waste? *NA* ☐ ☐
- detailed records and results of waste analysis and treatability tests performed on wastes coming into the facility? *NA* ☐ ☐
- detailed operating summary reports and description of all emergency incidents that required the implementation of the facility contingency plan? *NA* ☐ ☐

- *(16) Does the facility have written closure and post-closure plans? (§265.110)
- ☐
- ☒
- ☐

- a. Does the written closure plan include:

- a description of how and when the facility will be partially (if applicable) and ultimately closed? ☐ ☒ ☐

- | | | | |
|--|--|---|--|
| - an estimate of the maximum inventory of wastes in storage or treatment at any time during the life of the facility? | | ✓ | |
| - a description of the steps necessary to decontaminate facility equipment during closure? | | ✓ | |
| - a schedule for final closure including the anticipated date when wastes will no longer be received and when final closure will be completed? | | ✓ | |
| b. What is the anticipated date for final closure? | | ✓ | |
| 1c. Does the owner/operator have a written post-closure plan identifying the activities which will be carried on after closure and the frequency of these activities? | | ✓ | |
| d. Does the written post-closure plan include: | | | |
| - a description of planned groundwater monitoring activities and their frequencies during post-closure? | | ✓ | |
| - a description of planned maintenance activities and frequencies to ensure integrity of final cover during post-closure? | | ✓ | |
| - the name, address and phone number of a person or office to contact during post-closure? | | ✓ | |
| *(17) Does the owner/operator have a written estimate of the cost of closing the facility? (§265.142) What is it? | | ✓ | |
| *(18) Does the owner/operator have a written estimate of the cost for post-closure monitoring and maintenance? What is it? (§265.144) | | ✓ | |
| *(19) Has a groundwater monitoring plan been submitted to the Regional Administrator for facilities containing a surface impoundment, landfill or land treatment process? (This requirement does not apply to recycling facilities.) (§265.90) | | | |
| a. Does the plan indicate that at least one monitoring well has been installed hydraulically upgradient from the limit of the waste management area? | | ✓ | |
| b. Does the plan indicate that there are at least three monitoring wells installed hydraulically downgradient at the limit of the waste management area? | | ✓ | |

† This section applies only to disposal facilities.

* Effective date for this requirement is May 19, 1981.

SITE-SPECIFIC

Please circle all appropriate activities and answer questions on indicated pages for all activities circled. When you submit your report, include only those site-specific pages that you have used.

<u>STORAGE</u>	<u>TREATMENT</u>	<u>DISPOSAL</u>
Waste Pile p. 9	Tank p. 8	Landfill pp. 10-11
Surface Impoundment p. 8	Surface Impoundment pp. 8-9	Land Treatment pp. 9, 10
<u>Container p. 7</u>	Incineration pp. 12-13	Surface Impoundment p. 8
Tank, above ground p. 8	Thermal Treatment pp. 12-13	Other _____
Tank, below ground p. 8	Land Treatment pp. 9-10	
Other _____	Chemical, Physical p. 13 and Biological Treatment (other than in tanks, surface impoundment or land treatment facilities)	<div style="display: flex; justify-content: space-around;"> YES NO DON'T KNOW </div>
	Other _____	

CONTAINERS (\$265.170)

1. Are there any leaking containers?
If "YES", explain. *one leaking 55 gal. drums* ☒ ☐ ☐
2. Are there any containers which appear in danger of leaking?
If "YES", explain. ☐ ☒ ☐
3. Do wastes appear compatible with container materials? ☒ ☐ ☐
4. Are all containers closed except those in use? ☒ ☐ ☐
5. Do containers appear to be opened, handled or stored in a manner which may rupture the containers or cause them to leak? ☐ ☒ ☐
6. How often does the plant manager claim to inspect container storage areas? *daily*
7. Does it appear that incompatible wastes are being stored in close proximity to one another?
If "YES", explain. ☐ ☒ ☐
8. Are containers holding ignitable or reactive wastes located at least 15 meters (50 feet) from the facility's property line? ☒ ☐ ☐
9. What is the approximate number and size of containers with hazardous wastes?
80 55 gallon drums still bottoms
40 " " " flammable solvents

	<u>TANKS</u> (§265.190)	<u>YES</u>	<u>NO</u>	<u>DON'T</u> <u>KNOW</u>
1. Are there any leaking tanks? If "YES", explain.		—	—	—
2. Are there any tanks which appear in danger of leaking. If "YES", explain.		—	—	—
3. Are wastes or treatment reagents being placed in tanks which could cause them to rupture, leak, corrode or otherwise fail? If "YES", explain.		—	—	—
4. Do uncovered tanks have at least 2 feet of freeboard or an adequate containment structure?		—	—	—
5. Where hazardous waste is continuously fed into a tank, is the tank equipped with a means to stop this inflow?		—	—	—
6. Does it appear that incompatible wastes are being stored in close proximity to one another, or in the same tank? If "YES", explain.		—	—	—
7. How often does the plant manager claim to inspect container storage areas?				
8. Are ignitable or reactive wastes stored in a manner which protects them from a source of ignition or reaction? If "YES", explain.		—	—	—
9. What is the approximate number and size of tanks containing hazardous wastes?				

SURFACE IMPOUNDMENTS (§265.220)

1. Is there at least 2 feet of freeboard in the impoundment?	—	—	—
2. Do all earthen dikes have a protective cover to preserve their structural integrity? If "YES", specify type of covering.	—	—	—
3. Is there reason to believe that incompatible wastes are being placed in the same surface impoundment? If "YES", explain.	—	—	—

4. Are ignitable or reactive wastes being placed in surface impoundments without being treated to remove these characteristics?
If "YES", explain.

5. Are there any leaks, failures or is there any deterioration in the impoundments?
If "YES", explain.

6. Give the approximate size of surface impoundments (gallons or cubic feet).

WASTE PILES (\$265.250)

1. Is the waste pile protected from wind erosion?

- a. Does it appear to need such protection?

- b. Explain what type of protection exists.

2. Does it appear that incompatible wastes are being stored in the same waste pile?
If "YES", explain.

3. Is leachate run-off from a pile a hazardous waste?
If "YES", explain this determination and answer (a) and (b) below.

- a. Is the pile placed on an impermeable base that is compatible with the waste?

- b. Is the pile protected from precipitation and run-on?

4. In your judgment, are ignitable or reactive wastes managed in such a way that they are protected from any material or conditions which may cause them to ignite?
Please explain or indicate if no such wastes are present.

Are they placed on an existing pile so that they no longer meet the definition of ignitable or reactive waste?
Please explain.

5. How many waste piles are on site, and approximately how large are they?

LAND TREATMENT (\$265.270)

1. Can the facility operator demonstrate that the hazardous waste has been made less or non-hazardous by biological degradation or chemical reactions occurring in or on the soil?
Please explain.

- | | | | |
|---|-----|-----|-----|
| *2. Is run-on diverted away from the active portions of the land treatment facility? | ___ | ___ | ___ |
| *3. Is run-off collected? | ___ | ___ | ___ |
| 4. Are food chain crops being grown on the facility property? | ___ | ___ | ___ |
| a. If "YES", can the facility operator document that arsenic, lead and mercury: | | | |
| - will not be transferred to the crop or ingested by food chain animals or | ___ | ___ | ___ |
| - will not occur in greater concentrations in the crops grown on the land treatment facility than in the same crops grown on untreated soils. | ___ | ___ | ___ |
| b. Has notification of the growing of the food chain crops been made to the Regional Administrator? | ___ | ___ | ___ |
| 5. Is there a written and implemented plan for unsaturated zone monitoring? | ___ | ___ | ___ |
| 6. Are there records of the application dates, application rates, quantities and location of each hazardous waste placed in the facility? | ___ | ___ | ___ |
| 7. Do the closure and post-closure plans address: | | | |
| a. control of migration of hazardous wastes into the groundwater? | ___ | ___ | ___ |
| b. control of run-off, release of airborne particulate contaminants? | ___ | ___ | ___ |
| c. compliance with requirements for the growth of food-chain crops (if they are present)? | ___ | ___ | ___ |
| 8. Is ignitable or reactive waste immediately incorporated into the soil so the resulting waste no longer meets that definition? If "YES", explain. | ___ | ___ | ___ |
| 9. Are incompatible wastes placed in the same land treatment area? If "YES", explain. | ___ | ___ | ___ |
| 10. What is the area of the land receiving hazardous waste treatment? | ___ | ___ | ___ |

LANDFILLS (\$265.300)

- | | | | |
|---|-----|-----|-----|
| †1. Is run-on diverted away from the active portions of the landfill? | ___ | ___ | ___ |
| †2. Is run-off from active portions of the landfill collected? | ___ | ___ | ___ |

* Effective date for these requirements is May 19, 1981.

† These requirements are effective November 19, 1981.

3. Is waste which is subject to wind dispersal controlled?
Explain. _____
4. Does the owner/operator maintain a map with:
- the exact location and dimensions of each cell _____
 - the contents of each cell and approximate location of each hazardous waste type _____
5. Do the closure and post-closure plans address:
- control of pollutant migration via ground water? _____
 - control of surface water infiltration? _____
 - prevention of erosion? _____
6. Is ignitable or reactive waste treated before being placed in the landfill?
Explain how you know. _____
7. Are precautions taken to insure that incompatible wastes are not placed in the same landfill cell?
If "NO", explain. _____
8. Are bulk or non-containerized wastes containing free liquids placed in the landfill?
If "YES",
- a. Does the landfill have a liner which is chemically and physically resistant to the added liquid? _____
 - b. Is the waste treated and stabilized so that free liquids are no longer present? _____
- *9. Are containers holding liquid waste or waste containing free liquids placed in the landfill? _____
10. Are empty containers (e.g. those containing less than 1/2 inch of liquid) placed in the landfills? _____
- If so, are they crushed flat, shredded or similarly reduced in volume before they are buried? _____
11. What is the approximate area of the hazardous waste landfill?

* Effective date for this requirement is November 19, 1981.

INCINERATORS AND THERMAL TREATMENT

$$(\S\S 265.340 \text{ and } 265.379)^2$$

YES

NO

DON'T

KNOW

1. What type of incinerator or thermal treatment is at the site (e.g. waterwall incinerator, boiler, fluidized bed, etc.)? _____
2. Was hazardous waste being incinerated or thermally treated during your inspection?
If "YES", answer all following questions. _____
If "NO", answer only questions 3 and 7. _____
3. Has waste analysis been performed (and written records kept) to include:
 - heating value of the waste _____
 - halogen content _____
 - sulfur content _____
 - concentration of lead _____
 - concentration of mercury _____

NOTE: Waste analysis need not be performed on each waste load if
if there are documented data available to show waste characteristics
that do not vary. If there are such documented data available,
check here ☐.

4. Does it appear that the owner/operator brings his thermal treatment process to steady state (normal) conditions of operation before introducing hazardous wastes? _____
5. Did it appear during your inspection that there was adequate monitoring and inspection by owner/operator every 15 minutes during hazardous waste incineration for:
- waste feed _____
 - auxiliary fuel feed _____
 - air flow _____
 - incinerator temperature _____
 - scrubber flow _____
 - scrubber pH _____
 - relevant level controls _____

Every hour for:

- | | | | |
|--|-------|-------|-------|
| - stack plume (color and opacity) | _____ | _____ | _____ |
| 5. Is there open burning of hazardous waste? | _____ | _____ | _____ |

- a. If "YES", what is being burned?
(only burning or detonation
of explosives is permitted)
- b. If open burning or detonation of explosives is taking
place, approximately what is the distance from the open
burning or detonation to the property of others?

YES NO DON'T
KNOW

6. Does the incinerator appear to be operating
properly? (Do emergency shutdown controls
and system alarms seem to be in good working
order?) Please explain.

- a. Is there any evidence of fugitive emissions?

7. Is the residue from the incinerator treated
by the owner as a hazardous waste?
Please explain.

8. What types of air pollution control devices (if any)
are installed on the incinerator?

CHEMICAL, PHYSICAL AND BIOLOGICAL TREATMENT (\$265.400)

1. Does the treatment process system show any
signs of ruptures, leaks, or corrosion?
Please explain.

2. Is there a means to stop the inflow of
continuously-fed hazardous wastes?

3. Is there ignitable or reactive waste fed
into the treatment system?

If "YES", has it been treated or protected
from any material or conditions which may
cause it to ignite or react? If so,
explain how.

Are the incompatible wastes placed in
the same treatment process?
If "YES", explain.

5. Describe the treatment system at this facility.